

ARIZONA DEPARTMENT OF WEIGHTS & MEASURES
4425 W. Olive Ave., Glendale, AZ 85302

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ARIZONA CBG/AZRBOB BATCH CERTIFICATION FORM

REFBAT0901.DOC

REPORTING PARTY

Testing Facility Name _____ Facility Number _____ Testing Facility Contact Name _____ Telephone Number _____ FAX Number _____

BATCH INFORMATION

Type 1 Gasoline _____ Type 2 Gasoline _____ PM Alternative Gasoline _____ CBG _____ AZRBOB _____ Fuel Grade _____ Batch Number _____
Registered Supplier Name _____ Facility Number _____ Current Election Date _____ Tank ID _____ Batch Volume (BBLs) _____ Blend Date _____ Shipped Date _____

RESULTS

PARAMETER	STANDARDS		LIMITS		RESULT	METHOD	DATE	COMMENTS
	Ave.	Per-Gal	MAX	MIN				
T50					F			
T90					F			
E200					%			
E300					%			
RVP					psi			
Ethanol					Wt. %			
MTBE					Wt. %			
ETBE					Wt. %			
TAME					Wt. %			
Sulfur					ppm			
Benzene					Vol%			
Aromatics					Vol%			
Olefins					Vol%			
VOC Reduction					%			
NOX Reduction					%			

AUTHORIZATION:

I hereby certify and attest that I have the authority to act on behalf of and bind _____ (Testing Facility Name), and that the information provided is true and accurate meeting all applicable standards to the best of my knowledge.

Testing Facility Authorized Signature _____

Title _____

Company _____

Date ____/____/____